COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DATA VERIFICATION FOLLOWING DATABASE WRITE, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Frank R. Occhiuti, Reg. No. 35,306 Faustino A. Lichauco, Reg. No. 41,942 William R. Clark, Reg. No. 29,523 Krishnundu Gupta, Reg No. 37,977 Robert L. Dulaney, Reg. No. 28,071 Christopher K. Gagne 36,142 John M. Gunther, Reg No. 26,175 Leanne J. Fitzgerald, Reg. No. 40,606 Penelope S. Wilson, Reg. No. 29,751 Robert Kevin Perkins, Reg. No. 36,634

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Direct all correspondence to the following:

Full Name of Inventor: ARIEH DON

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26161 PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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Combined Declaration and Power of Attorney Page 2 of 2 Pages

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